MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-001340

STATE FILE NUMBER

Registration District No. _139_ Primary Registration District No. _____ Registrar's No. _4_

FILED JAN 28 1963

DO NOT WRITE ON THIS STUB	AMENDED	

VS 300 Rev. 4/59

ITEM NO.	SHOULD READ	INSTEAD OF
1	0440	
2	0440	
3		
4	1	
5	0	
6		
7	0	
8	2	
9	260X	
10		
11		
12	90-2	
13	1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN: Oregon
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Holt
c. CITY OR TOWN: Oregon Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: ETHEL Middle: IONA Last: SMITH

4. DATE OF DEATH Month, Day, Year: January 20, 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/11/1893
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Forbes, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William J. Smith
13b. MOTHER'S MAIDEN NAME: Mary Catherine Thornton
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Russel Smith, Savannah, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Attack,	4 weeks
DUE TO (c)	Diabetes	3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _'54_ to _'63_ and last saw her alive on _1-20-63_
Death occurred at _1 p.m._ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Howard E. Collin D.O. (Degree or title)
22b. ADDRESS: Oregon, Missouri
22c. DATE SIGNED: 1/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/23/63
23c. NAME OF CEMETERY OR CREMATORY: Forbes Cemetery
23d. LOCATION (City, town, or county): Forbes, Missouri

24. FUNERAL DIRECTOR: James H. Pettijohn ADDRESS: Oregon, Mo.
25. DATE RECD. BY LOCAL REG.: 1-23-1963
26. REGISTRAR'S SIGNATURE:

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____; Student Embalmer No. _____

working under my personal supervision.

Student_____   Signed _James H. Pittijahu_____

   Signature of Student Embalmer

                                                    Licensed Embalmer No. _3/92_____

                                                    P. O. Address _Oregon Mo_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

   If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

   If this body is not embalmed, fact should be so stated above.